

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES**

**SOCIAL SERVICE CONTRACT FUNDING AUTHORIZATION**

**Section A**

Date of Request:

Division/Area Office/Unit Originating the Funding Authorization:

Office or Division Responsible for Management of the Contract:

Initiative / Program Name (Name of RFP):

Requestor Name and Title:

Requestor Contact Information: \_\_\_\_\_  
Phone Number, Cost Code, Office

Funding Period: -

Total Funds Available: \$

Matching Fund Requirement: ☐ No or ☐ Yes – %

SPECIAL INSTRUCTIONS:

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List of Awardees:

**If additional space is needed please make copies prior to completion.**

Agency Name:	Contract Term:
Contract #:	Effective/End Date of Award:
Federal ID #:	Prorated: Y or N
Corporate Address:	Start-up Funding:
Corporate Phone:	Annualized Amount:
Program Name:	On-going Funding:
Program Address:	One-time Funding:
Program Phone:	Funding/Award Amount:
Contact Name & Phone:	Rate for Service:
DCF/DHS Dictionary Service Category:	Contracted Units/Slots:
DCF/DHS Dictionary Service:	Number of Clients Served:
DCF/DHS Dictionary Sub-Service:	

Agency Name:	Contract Term:
Contract #:	Effective/End Date of Award:
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Corporate Address:	Start-up Funding:
Corporate Phone:	Annualized Amount:
Program Name:	On-going Funding:
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Program Phone:	Funding/Award Amount:
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DCF/DHS Dictionary Service Category:	Contracted Units/Slots:
DCF/DHS Dictionary Service:	Number of Clients Served:
DCF/DHS Dictionary Sub-Service:	

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**Required** attachments:

- ☐ Copy of RFP / RFI etc., if applicable
- ☐ Copy of approved provider budget and program proposal, if applicable
- ☐ Copy of award letters issued to awardees, if applicable

Approval

☐ Yes   ☐ No

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

**Section B**

Source of Funding:

*(Check the appropriate box. This should match the Contract Management System (CMS) Funding Source.)*

- ☐ Special Appropriation – Specify:
- ☐ Federal Grant –Specify:
- ☐ Reallocation / Redirection – Specify:
- ☐ Other- Specify:

Grant / Appropriation Name:

Total Grant Amount: \$

Annualized Funding Total: \$

Organization and APU:

CMS Funding Source:

*(This should match the source of funding.)*

**SPECIAL INSTRUCTIONS:**

Approval

☐ Yes   ☐ No

\_\_\_\_\_  
Manager, Fiscal/Budget Office Signature

\_\_\_\_\_  
Date

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**Section C**

The OCA receives and logs the submitted form, then reviews the packet for completeness and accuracy. The Director of Contracting reviews and approves the funding authorization packet and then forwards it for distribution.

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Director of Contracting

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Date Forwarded for  
Contract Execution

Attachments

- c:     Office of Contract Administration  
       Fiscal/Budget Office  
       Office of Accounting  
       Office of Revenue & Financial Reporting  
       DCF Business Manager  
       Other stakeholder(s) as necessary

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**Instructions for Completing DCF Form 3-1  
Social Services Contract Funding Authorization Form**

Instructions for completing DCF Form 3-1 Social Services Contract Funding Authorization Form follow:

**Section A**

The Project Coordinator or designee from the originating office completes DCF Form 3-1 Section A in its entirety. Once Section A is complete, the Form is forwarded to the Manager of the appropriate DCF Fiscal/Budget Office for approval.

Date of Request: Insert the date the request is initiated.

Division/Area Office/Unit Originating the Funding Authorization: Identify and insert the name of the Division/Area Office/Unit originating the request for funding.

Division/Area Office/Unit Responsible for Management of the Contract: Identify and insert the name of the Division/Area Office/Unit originating the request for funding.

Initiative/Program Name (Name of RFP): Insert the name/title of the initiative or program to be funded.

Requestor Name and Title: Insert the name and official title of the Requestor.

Requestor Contact Information: Insert the business telephone number, cost code, and operational office for the Requestor.

Funding Period: Insert the start and end dates that funds will be available.

Total Funds Available: Insert the total amount of funds that will be made available as a result of the authorization.

Matching Fund Requirement: Check “Yes” or “No” to indicate if matching funds are required. If matching funds are required, insert the percentage of funds to be matched by the awardees/service provider.

Special Instructions: Insert any special instructions in the space provided. Such instructions may include the required, allowable or restricted use of the funds. Include as much detail as necessary to help ensure the proper execution of the contract.

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List of Awardees: Identify each contract and/or program component that is to receive funding through the authorization. Provide specific information as requested using the RFP document, the approved proposal and budget, the award letter and the DCF/DHS Service Dictionary as references.

Note: Space is provided for two contract awards. If more than two contracts are to receive awards as a result of the funding authorization, additional pages are used to include all recipients.

Required Attachments: Check appropriate boxes and attach copies of the required documentation to the Form.

Program Manager Approval: The Manager of the Departmental Component that oversees the program area approves or rejects Section A and signs the Form accordingly. If approved, the Form is then forwarded to the DCF Budget Office.

**Section B**

The appropriate Fiscal/Budget Office completes Section B; the Manager of the Fiscal/Budget Office signs the Form and then forwards it to the DCF Office of Contract Administration.

Source of Funding: Check the appropriate box to indicate the source of funding used to support the contract and insert any available information specific to that funding source. This should match the Contract Management System (CMS) Funding Source.

Grant/Appropriation Name: Insert the name of the grant or appropriation.

Total Grant Amount: Insert the amount of funding available through the authorization.

Annualized Funding Total: Insert the dollar amount of the total annualized funding.

Organization and APU: Insert the organization and account number against which contract funds are to be charged.

CMS Funding Source: Identify and insert the appropriate funding source from the list provided on the Contract Management System (CMS) Funding & Revenue Source information screen. This should match the source of funding.

Special Instructions: Insert any special instructions in this space. Include as much detail as necessary to help ensure the proper execution of the contract.

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Fiscal/Manager Budget Office Manager Approval: The Manager of the appropriate DCF Fiscal/Budget Office approves or rejects the authorization and signs the Form accordingly. If approved, the Form is then forwarded to the DCF Office of Contract Administration (OCA).

**Section C**

The OCA receives DCF Form 3-1 and logs the submitted form, then reviews the packet for completeness and accuracy. The form is forwarded to the Director of Contracting for review and approval.

The Director approves or rejects the funding authorization request and returns the entire packet to the assigned OCA staff responsible for processing.

The OCA records receipt of the funding authorization packet and forwards it to the appropriate contract staff for Contract execution. If the Director does not approve the funding authorization, OCA addresses the concerns and resubmits the packet to the Director for approval as appropriate.

Note: The Director's signature memorializes the date the funding authorization was logged out of the Central Office, and the entire funding authorization packet was forwarded to the designated business office for execution. Once the DCF Form 3-1 has been approved at all levels, staff may execute Contracts and Modifications under the scope of this authorization.

**Distribution**

Copies of the completed DCF Form 3-1 are forwarded to: the Office of Contract Administration; Fiscal/Budget Office; Office of Accounting; Office of Revenue and Financial Reporting; DCF Business Manager; and other stakeholder(s) as necessary.